

# The Strategic Workforce Integrated Planning & Evaluation (*SWiPe*) modelling approach for integrated services in the community



## What is *SWiPe*?

*SWiPe* is an approach that supports local partners to combine data sourcing, analysis and system dynamics modelling in a way that provides a strategic modelling tool to help answer some critical questions for commissioners and their local providers, including:

1. What is the shape and size of the current workforce in the community available to support a particular cohort of need, for example those who are frail or who have complex needs?
2. What is the impact of local demographic projections for increases in need arising from this population cohort?
3. What is the impact on this workforce if we achieve the desired increase in out-of-hospital care, and how does this impact on service transformation targets?

Answers to these questions are based on understanding the nature of local transformation programmes and the attainable capacity and capability of the workforce in the community. This translates readily into a financial envelope that can be set alongside the anticipated financial benefits of reduced reliance on hospital or long term care. It also informs the scale and timing of key service redesign objectives.

*SWiPe* is therefore both a strategic and an integrated modelling approach that complements local operational planning for service redesign and workforce transformation. By integrating strategic planning for the service and workforce planning into a single tool the inter-dependencies between them will always be apparent. Because the approach includes a system dynamics model, the opportunities to ask 'what if' questions, and learn from that process, makes the overall package a 'must-have'.

What *SWiPe* does is to combine:

- Population health needs for a particularly significant group of people, i.e. those who are either frail or who have complex needs;
- Strategic service transformation and redesign, particularly for increased out-of-hospital care; and
- The requirements, opportunities and constraints when these are applied to the size and shape of the existing and future workforce in the community.

## The **SWiPe** structure

SWiPe works on a number of dimensions:

- The delivery of service functions, or groupings of activities, that achieve a particular outcome for the population cohort, for example comprehensive assessment, on-going support or crisis response.
- The scaling of these service functions based on local needs, i.e. how many 'episodes' of the above are expected to be needed?
- The weighting of these service functions, i.e. how much human resource is required to deliver each piece of activity?
- The ideal capability necessary to achieve positive outcomes for clients, i.e. with what are these service functions most effectively delivered?

These dimensions are combined to determine the future shape of the workforce in the community that is commensurate with local needs and the future shape of services.

## Using **SWiPe**:

SWiPe requires active engagement of local partners to ensure the benefits of working within the same framework. It also requires commitment to gather and validate the information and data used to populate the modelling tool. The following provides a list of the core information that has been used to populate an existing SWiPe toolbox application:

- Local demographic profiles and projections for the frail population alongside indicators of levels of need such as deprivation or health life expectancy;
- Population level rates of unscheduled hospital admissions for >65yr olds, alongside the relative level when compared to 'high performing' localities;
- The existing shape of the workforce in the community across local health and care providers at an aggregated skill level.

Here's an example of the impact of using SWiPe:

*"Across Derbyshire we have worked with WSP to model our community workforce using the SWiPe methodology.*

*This has allowed each CCG working with Provider organisations to have a view of the growth of the frail elderly population and consider the existing workforce to ensure that we are able to plan the workforce implications arising to ensure delivery of new models of care.*

*The SWiPe work has left an impression with all partners about the gaps within our existing workforce such that collaboratively we are planning and commissioning the number of staff and also the training/education to support workforce transformation. This work has been used in the 21<sup>st</sup> Century Programme and the Joined Up Care Programme where not only is the Derbyshire wide work being referenced but also more specific locality modelling is occurring to increase our depth of understanding."*

**Karen Scott, Lead for Workforce Planning, Derbyshire Community Health Services.**

## **WSP credentials:**

WSP have a wide range of experience and expertise that ideally suits it to supporting local partnerships in working through opportunities for out-of-hospital care and integration using the *SWiPe* approach, including:

- Over 15 years' experience in supporting strategic change at the hospital-community interface through the modelling of intermediate care services;
- Several examples of supporting system wide service and workforce transformation programmes;
- Experience in the evaluation of alternatives to hospital care;
- Over 5 years' experience, and over a dozen examples, of working with local health and social care partners in the calibration of a strategic population health based simulation model for dementia services;
- Over 3 years of working with all 13 English Local Education and Training Boards in modelling the supply side for healthcare professionals;
- The technical skills and resources to provide a robust online collaborative environment for the benchmarking and comparison of model outputs.

## **Contact:**

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